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CONFIRMATION NO. 9462

<b>SERIAL NUMBER</b> 10/764,691	<b>FILING OR 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 49122-0142(297109)
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/946,158 09/04/2001 ABN  
 which is a CIP of 09/654,517 09/01/2000 ABN  
 and claims benefit of 60/241,008 10/18/2000  
 and claims benefit of 60/270,118 02/22/2001  
 and is a CON of 09/714,255 11/17/2000 ABN  
 which is a CIP of 09/512,081 02/24/2000 ABN  
 which is a CIP of 09/386,273 08/31/1999 PAT 6,592,623  
 and claims benefit of 60/121,628 02/25/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

Electroprocessed fibrin-based matrices and tissues

<b>FILING FEE RECEIVED</b> 468	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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